

**Washington State Office of the Insurance Commissioner**  
**Annual Report of Exempt Organizations Issuing Charitable Gift Annuities**  
**As of December 31, 2003**

FROM:

Cert#

Name of Organization

*This Report, combined with the Actuarial Certification and filing fee, is to be filed **on or before March 1, 2004** in compliance with RCW 48.38.010(10). Failure to complete this Report as prescribed will subject your Organization to disciplinary action. Filing extensions cannot be granted.*

*This Report contains the following four sections: General Interrogatories; Balance Sheet; Statement of Income and Expenses; Reconciliation of your Charitable Gift Annuity Reserve Fund.*

*Do not alter or modify this form.*

**GENERAL INTERROGATORIES**

Those answers requiring explanation should be completed on a sheet attached to this report.

- |  | <i>Yes</i>               | <i>No</i>                |
|--|--------------------------|--------------------------|
| 1. Since the previous report, has there been any changes in:   |                          |                          |
| a. Your legal status?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Capital structures or ownership?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Management control?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The format of any annuity contract?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all Organization annuity contract forms in use<br>in Washington State on file with the Insurance Commissioner?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have all the annuity contracts issued or terminated during<br>the year been reported and accounted for in this report?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the annuity reserves in this report calculated on the basis<br>as required by RCW 48.38.020(1)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your Organization purchased a commercial annuity to satisfy all or<br>part of the reserve requirement, as specified under RCW 48.38.020(6)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Provide the name of your Actuary<br>Is this a change from the previous year?  | <input type="checkbox"/> | <input type="checkbox"/> |

7. Provide the name of the firm providing your Audited Financial Statement Yes No
- a. Is this statement done on a GAAP basis? ☐ ☐
- b. "As of" date of your last Audited Statement
- c. Date your Organization last filed its Audited Statement to this Office
8. Does the Organization file a Form 990 with the IRS? ☐ ☐
- a. If no to 8, does your Organization have a permanent exemption? ☐ ☐
- b. If yes to 8, date of filing to this Office
9. Are the annuity reserves in this report:
- a. held in a separate account which protects the annuitants in the event of the Organization's insolvency, as required by RCW 48.38.020(2)(a)? ☐ ☐
- b. invested prudently as required by RCW 48.38.020(2)(b)? ☐ ☐
10. Name of Organization's investment officer in charge of management of the annuity reserve funds and his or her professional designation or license, if any (e.g. Actuary, CPA, CFP).
- a. If an outside firm is in charge of management of the reserve funds, enter the firm's name and the account number holding the reserve funds.
11. Has your annual filing fee been submitted separately to OIC Accounting? ☐ ☐

<b><i>By my signature, I certify that all information contained in this report is complete and accurate to the best of my knowledge.</i></b>	
Name	
Title	
Signature	
Direct Phone #	Extension
Email Address	
Report Contact if Other Than Above	

Without signature this Report is incomplete and out of compliance with RCW 48.38.010(10)(a)



*The information on this page must be presented as of 12/31/03, unless your Organization has received prior permission from the OIC*

*The information required on this page is for the entire Organization, NOT JUST THE ANNUITY FUND*

**ORGANIZATION'S BALANCE SHEET**

**As of**

*If a fiscal year other than 12/31/03 is used, attach copy of OIC letter granting permission*

Check ☐ if dollars stated in thousands

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total Net Assets
<b><i>Net Assets</i></b>	\$	\$	\$	\$

**ORGANIZATION'S STATEMENT OF INCOME AND EXPENSES**

**As of**

Check ☐ if dollars stated in thousands

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total Net Assets
<b><i>Income</i></b>	\$	\$	\$	\$
<b><i>Expenses</i></b>	\$	\$	\$	\$
<b><i>Net Income (Loss)</i></b>	\$	\$	\$	\$

Check ☐ if the data provided on this Report page has not yet been audited

*The information requested on this page is only for the gift annuity reserve fund required under RCW 48.38.020.*

Certification of the  
CHARITABLE GIFT ANNUITIES RESERVE FUND ACTIVITY  
For Calendar Year 2003

Total Fund

	<i>Amount</i>	<i># - Contracts</i>
Balance of Fund as of <b>1/1/03</b>		
+ Annuities issued during the year		
+ Earned income, dividends, capital gains in 2003		---
+ Other increases		---
+ Unearned capital gains in 2003		---
= <i>Subtotal</i>		
- Annuity benefits paid		---
- Realized Capital loss		---
- Unrealized Capital loss		---
- Other decreases, terminations		
= Balance of Fund as of <b>12/31/03</b>		

Attach a copy of the bank/brokerage statement as of 12/31/03 for this fund.

Washington Contracts Only

	Washington Contracts as of <b>1/1/03</b>	
+	Number added during <b>2003</b>	
-	Number deleted during <b>2003</b>	
=	Washington Contracts as of <b>12/31/03</b>	

Is a listing of all Washington annuity contracts in force attached? Yes    No  
☐ ☐

Reserve Fund Attestation

I, \_\_\_\_\_, being the proper Officer responsible for the Reserve fund, affirm that the stated amount of funds were deposited in a separate reserve fund in accordance with RCW 48.38.020 at the following financial institution \_\_\_\_\_ as of 12/31/03.

Signed \_\_\_\_\_

Date \_\_\_\_\_



***STOP!***

Please save us both time, money, and frustration. Before filing this Annual Report please complete this checklist

1. Have you mailed the Annual Fee, postmarked by March 1, 2004, with the routing slip to:  
Office of the Insurance Commissioner  
Accounting Section  
POB 40257  
Olympia, WA 98504-0257
2. Have you completed all four pages of the Annual Report?
3. Has the Annual Report been properly signed?
4. Have you enclosed the attestation of the Financial Officer, along with a copy of the bank/brokerage statement?
5. Have you enclosed the Actuarial Certification?